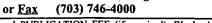
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Katrina M. Lynn	(Depositor's name)
fatria m. dipin	(Signature)
January 26, 2004 /	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/671,089	09/27/2000	Daniel J. O'Mahony	E1067/20018	6019

TITLE OF INVENTION: MEMBRANE TRANSLOCATING PEPTIDE DRUG DELIVERY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE .	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330)	\$0	\$1330	01/26/2004	
EXAMI	NER	ART UN	ır	CLASS-SUBCLASS	7		•
SNEDDEN, S	HERIDAN	1653	÷	514-012000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names o agents O firm (hav agent) ar	inting on the patent front page f up to 3 registered patent a R, alternatively, (2) the name ring as a member a registered and the names of up to 2 registered or agents. If no name is listerinted.	attorneys or ISynnest of a single attorney or 2 tered patent	vedt & Lechner	LL	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE Elan Corporat.	n assignee is identified bel to the USPTO or is being s E	ow, no assignee da ubmitted under sep (B	ata will appo parate cover.) RESIDEN	TT (print or type) ear on the patent. Inclusion of a Completion of this form is NO CE: (CITY and STATE OR CO 2. Treland	T a substitute for filing an assi	ate when an assignment has ignment.	

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4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
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X) Advance Order - # of Copies Ten (10)	The Director is he Deposit Account Nur	hereby authorized by charge the required fee(s), or credit any overpayment, tumber 19-5425 (enclose an extra copy of this form).			
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(Authorized Signature) Jonathan, M. Dermott (Date)01/26/04 Reg. No. 48,608

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